

# AUTHORIZATION AND CERTIFICATION FOR INACTIVE DUTY TRAINING

FOR USE OF THIS FORM, SEE NGR 350-1

## SECTION 1 - GENERAL INFORMATION

1. DATE OF REQUEST	2. ORGANIZATION	3. LOCATION OF TRAINING	
4. NAME(S), SSN, GRADE/RANK OF INDIVIDUAL(S) PERFORMING DUTY - OR ATTACH ROOSTER, IF APPLICABLE			
- - - - - - - -			
5. DATES OF SUBSTITUTED MUTA	6. DATES OF DUTY TO BE PERFORMED	7. TIMES OF DUTY TO BE PERFORMED FROM TO	
8. TYPE DUTY TO BE PERFORMED (SEE REVERSE FOR TYPE DUTY) CHECK ONE TYPE DUTY ONLY:			
<input type="checkbox"/> <input type="checkbox"/> SUTA	<input type="checkbox"/> <input type="checkbox"/> ET	<input type="checkbox"/> <input type="checkbox"/> RMA (Code 71)	<input type="checkbox"/> <input type="checkbox"/> RMA (Code 91)
<input type="checkbox"/> <input type="checkbox"/> ATA (Code 51)	<input type="checkbox"/> <input type="checkbox"/> AFTP (Code 31)	<input type="checkbox"/> <input type="checkbox"/> AUTA Code 41)	<input type="checkbox"/> <input type="checkbox"/> NWATA (Code 61)

## SECTION II - AUTHORIZATION

### 9. COMPLETE THE APPROPRIATE SECTION BELOW FOR TYPE DUTY TO BE PERFORMED

9a. AUTHORIZATION FOR SUTA The above listed individual(s) is/are hereby authorized to perform a Split Unit Training Assembly (SUTA) in paid status, in proper uniform, during dates and times indicated above in lieu of the regularly scheduled IDT Period for this units also indicated.	9b. AUTHORIZATION FOR ET-AFTP-ATA-AUTA-RMA-NWATA The above listed individual(s) is/are authorized to perform training indicated above, in proper uniform, during the dates and times indicated above. A minimum of four hours each assembly are required.
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10. TYPED NAME, GRADE, TITLE OF AUTHORIZING Steve Martinelli, CPT, Commanding	11. SIGNATURE	12. DATE
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## SECTION III - CERTIFICATION

13. The above listed individual(s) performed the direct/authorized training prescribed above or in accordance with NGR 350-1  
The following duty/training was performed:

14. TYPE NAME, GRADE, TITLE OF CERTIFYING OFFICIAL	15. SIGNATURE	16. DATE
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